

Data Request Tracking Number: (To be completed by the EMS Agency) \_\_\_\_\_

Data Recipient (name): \_\_\_\_\_

1. Indicate the data source(s) for the Limited Data Set:

- a. ☐ EMS Provider Data (hyperlink Data Dictionary)
- b. ☐ Paramedic Base Hospital (hyperlink Data Dictionary)
- c. ☐ Trauma Registry (hyperlink Data Dictionary)
- d. ☐ STEMI Registry (hyperlink Data Dictionary)
- e. ☐ Stroke Data (hyperlink Data Dictionary)
- f. ☐ 9-1-1 Receiving Hospital Data (hyperlink Data Dictionary)
- g. ☐ Other (specify):

2. Specify the date range:

3. List the data elements to be abstracted:

a.